

WEB FORM COPY

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



01791568



DUE ON OR BEFORE

05/09/2007

FY06-07

FILING FEE

\$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1.	-1185005-1
	LA JOYA DEVELOPMENT CORPORATION
	PO.Box 2889 TUCSON, AZ 85702-2889
	TUCSON, AZ 85702-2889

RECEIVED

	TUCSÓN, AZ 85702	- 1889	MAR 2 2 2007
			ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
*	DELINQUENT ANNUAL R Business Phone:_		E COMMISSION AT 602-542-3285!
	State of Domicile: A	RIZONA Turn of Common	ation: BUSINESS
	State of Domicile: 11	Tuzonic Type or Corpor	auon: BoshtEss
2.	Statutory Agent: FRA Mailing Address: 443 City, State, Zip: TU	BEBROADWAYBLVD Stelo	Physical Address, If Different. Physical Address: City, State, Zip:
	ACC USE ONLY Foo \$_45		f appointing a new Statutory Agent agent, the new agent MUST consent to that
	Reinstate \$		ted liability company) having been designated the new Statutory Agent, until my removal or resignation pursuant to law.
	Expedite \$	Signature of <i>new</i> \$	Statutory Agent
		Printed Name of n	ew Statutory Agent
3.	Secondary Address: (Foreign Corporations REQUIRED to compithis section).		

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPO	<u>CHATIONS</u>
1. Accounting	20. Manufacturing
2. Advertising	21. Mining
3. Aerospace	_ 22. News Media
4. Agriculture	23. Pharmaceutical
5. Architecture	24. Publishing/Prináng
6. Banking/Finance	_ 25. Ranching/Livestock
7. Barbers/Cosmetology	_ 26. Real Estate
8. Construction	27. Roetaurant/Bar
_ 9. Contractor	_ 28. Retail Sales
10. Credit/Collection	_ 29. Science/Research
11. Education	30. Sports/Sporting Evente
12. Engineering	_ 31. Technology(Computers)
13. Entertainment	_ 32. Technology(General)
14. General Consulting	33. Television/Radio
15. Health Care	_ 34. Tourism/Convention Services
16. Hotel/Motel	_ 35. Transportation
17. import/Export	36. Utililies
18. Insurance	37. Veterinary Medicine/Animal Care
19 Legal Services	VOE Other ASSET MANDAGUGIT

NON	-PROFIT CORPORATION:
1	Charitable
2	Benevolent
3	Educational
4.	Civic
5	_ Political
6	Religious
7	Social
8	Litorary
9.	Cultural
1Q	Ath ieti c
#1. <u>_</u>	Science/Research
12.	Hospital/Health Care
13.	Agricultural
14	Animai Husbandry
15.	Homeowner's Association
15	Professional, commercial
-	industrial or trade association
17	Other

Date taking office:

5. CAPITALIZATION: (Business Corporations and Business	Trusts are REQUIRED	to complete this section.)
Business trusts must indicate the number of transferable of the trust estate. PLEASE PRINT OR TYPE CLEARL		tees evidencing their beneficial interest in
5a. Please examine the corporation's original Articles		e amount of shares authorized.
Number of Shares/Certificates Authorized C	ass	Series Within Class (if any)
100,000	OMMON	
5b. Review all corporation amendments to determine corporation's minutes for the number of shares is		er of shares has changed. Examine the
Number of Shares/Certificates Issued C	ass	Series Within Class (if any)
1,000	OHHON	
6. SHAREHOLDERS: (Business Corporations and Busine	ss Trusts are <u>REQUIR</u>	ED to complete this section.)
List shareholders holding more than 20% of any class of beneficial interest in the corporation. PLEASE PRINT O	shares issued by the R TYPE CLEARLY	corporation, or having more than a 20%
Name: GLBERT DIRON		
NONE Name:	Name:	
7. OFFICERS PLEASE PRINT OR TYPE CLEARLY		
Name: CLBERT DURON		AT LEAST ONE.
Title: PRES/CEO		
Address: P.O. Box 2889	Address:	
TUCSON, AZ 85702-2889	_	
Date taking office: 31. 105	Date taking offi	ce:
Name:	Name:	
Title:	Title:	
Address:	Address:	
Date taking office:	Date taking offi	ce:
8. DIRECTORS PLEASE PRINT OR TYPE CLEARL	Y. YOU MUST LIS	T AT LEAST ONE.
Name: GILBERT DURON	Name:	
Address: P.O. Box 2889	Address:	
TUCSON, AZ 85702-2889		
Date taking office: $31 \sqrt{05}$	Date taking offi	ce:
Name:	Name:	
Address:	Address:	

Date taking office:

Please Enter Co	prporation Name	LA JOYA D	EVELO	PMEN'	T COR	PORATION	File numbe	er <u>-1185005-</u>	1 Page 3
9. <u>FINANCIAL DISCLOSURE</u> (A.R.S. §10-11622.A.9) Nonprofit corporations <u>must attach</u> a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.									
9A. MEMBERS Only Nonprofit 0	(A.R.S. § 10-11 Corporations must		stion.	This	corpor	ation DOES [J DOES!	NOT 🗖 have	members.
Has ANY person s than 10% of the is	TE OF DISCLOSE erving either by elessued and outstand portion pertain	ection or appointn ding common sha	nent as ar ares or 10	n officer, o 1% of any	director, other pr	trustee, incorpora			
 Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate? Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction? 									
					_	one box <u>must</u> b			NO 🖄
of the actions st				e d as an	attachm	ent to this repo	rt for each pe	erson subject to	one or more
 Full birth Present I Prior add precedin 	home address. dresses (for immed g 7 year period).	diate		5. 6. 7.	Social 3 The nat the date the file	nd location of birt Security Number oure and descripti and location; the or cause number	on of each con e court and pub of the case.	olic agency invol	ved, and
11. <u>STATEMEN</u> 1623 & 10-1162	<u>IT OF BANKRU</u> 3)	PTCY, RECEIV	ERSHIP	or CHA	ARTER	REVOCATION	(A.R.S. §§10)-202.D.2, 10-3	3202.D.2, 10-
A) Has the corpor	ration filed a petition	on for bankruptcy	or appoi	nted a re	ceiver?	One box mus	t be marked:	YES 🗇 1	NO Ø
A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box <u>must</u> be marked: YES D NO XI B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR <u>held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?</u>									
•	ion pertains to b	usiness corpora	ations on	ly]		One box mus	<u>t</u> be marked:	YES 🗗 I	NO 🗷
 If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) The state in which each corporation was a) incorporated b) transacted business. The dates of corporate operation. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation. Date, Case number and Court where the bankruptcy was filed or receiver appointed. Name and address of court appointed receiver. 									
12. SIGNATUR	ES: Annual Re	ports must be si	igned an	d dated	by at lea	est one duly aut	horized office	r or they will b	e rejected.
I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.									
Name GILG	PRIZE Du	CoDate	<u>3/21/0</u>	7 Nar	ne			Date	
Signature	allut &	<u></u>		\$ig	nature_				
Title PR	(Signator(s)			Ti	tle	r(s) listed in sec			